Under the Paperwor	Approved for use through 10/31/2002. OMB 0651- U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMME  Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control nur					OMB 0651-0032 OF COMMERCE		
DECLARATION				cket Number	END-50	•		
	AND OF ATTORNEY		First Named			Katz et al.		
	FOR UTILITY OR DESIGN			COMPLETE IF KNOWN				
	OR Initial Filing (Sur	ırcharge	Application N	Number	10/791,	,959		
Declaration Submitted with Initial Filing			Filing Date		March 3	3, 2004		
	(37 CFR 1.16(e))		Group Art U	nit	3761			
			Examiner Na	ame	Not ass	signed		
As a below named inventor	r, I hereby declare that	: <b>:</b>						
My residence, mailing address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
PATIENT MONITORING AND DRUG DELIVERY SYSTEM AND METHOD OF USE (Title of the Invention)								
the specification of which								
is attached hereto								
OR								
was filed on (MM/DD/YYYY) 03.03.2004 as United States Application Number or PCT International Application Number 10/791,959 and was amended on (MM/DD/YYYY)								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application	Country		Filing Date D/YYYY)	Priority Not Claime	d	Certifie Attac		
Number(s)	,	,				YES	NO	

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Number(s) Filing Date (MM/DD/YYYY)							
60/451,860	March 4, 2003	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
I hereby claim the benefit under Title 35, Ur	nited States Code, § 120 of any United State	s application(s) listed below and, insofar					
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:							
Application Serial No.	Filing Date	Status					
I hereby appoint:							
Practitioners at Customer Number	Place Customer Number Bar Code Label Here						
Practitioner(s) named below: Name Registration Number							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Address all telephone calls to at telephone number (513) 337-3295.							
Customer Number  Direct all correspondence to: ⊠ or Bar C ode Label 000027777 OR ☐ Correspondence address below							
Direct all correspondence to:							
Address:							
Address:							
City:	State:	ZIP					
Country	Telephone: (513) 337-3295	Fax: (513) 337-8489					

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:	NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) Hal H. Family Name or Surname Katz								
Inventor's Signature		Date //-	10-04					
Residence: City Jupiter	State FL	Count	try US	<b>Citizenship</b> US				
Mailing Address 340 S. U.S. Highway #1, Unit 201, Jupiter, FL 33477								
City Jupiter	State FL	ZIP 3	3477	Country US				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor								
Given Name  (first and middle [if any]) Matthew T.  Family Name or Surname Nesbitt								
Inventor's Mith Neserth			Date //- 08-2004					
Residence: City Cincinnati,	State OH	Count	t <b>ry</b> US .	CitizenshipUS				
Mailing Address 2944 Cleinview Ave	enue, Apt. 2, Cincin	nati, OH 4520	6					
City Cincinnati,	State OH	ZIP 4	5206	Country US				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
IAME OF THIRD INVENTOR: N/A  A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])	Family Name or Surname							
Inventor's Signature Date								
Residence: City	State	Coun	try	Citizenship				
Mailing Address								
City	State	ZIP		Country				